STATEMENT AND PLAN C	Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (D2) MULTIPLE CONSTRUCTION OPEN A BUILDING: 04 - MAIN LIC IC25910014 B. WING					
NAME OF PE	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE		
FLORIDA	MENTOR	LANTANA				
(X4) ID PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD		BE	(X5) COMPLETE DATE		
Y 000	survey was conducted Mentor. Lie 4 402309 Facility for Individuals in Lentanra, Flonda in Fire Protection Assoc (2015) and applicable State Fire Mershal's Florida Administrative F.A.C. 69 A-53, F.A.C Statutes (F.S.) 400 P. adopting National Fire (NFPA) 1 and 101 (22 Fire Prevention Code standards and require 101, Chapter 2.	& Life Safety re-licensure d on 04/22/19 at Florida 6, an Intermediate Care with Intellectual Disabilities accordance with National aition (NFPA) 1 and 101 requirements of Florida Rules and Regulations, Code (F.A.C) 169 A-3, 5. 99 A-26, and Florida rat IL, and F.S. 633.02/15, Protection Association 105 known as the Florida and all NFPA referenced ements adopted per NFPA	Y 000			
Y1006	The Code also addre		Y1006			

AHCA Form 3020-0001

NFPA 101 (2012) 1.1.5.

The findings included:

On 04/22/19 at 2:00 P.M. during a review of the LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

This STANDARD is not met as evidenced by: Based on a review of the facility provided documentation and interview of staff, the facility failed to provide a security management plan. This deficient practice can affect all smoke compartments, staff, visitors and residents.

> TITLE (X6) DATE

Agency f	or Health Care Adminis	tration): 06/11/2019 1 APPROVED
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: ((X3) DATE S COMPLI		
IC25910014			B. WING		04/2	2/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AC	DRESS, CITY, STA	ITE, ZIP CODE		
			MINGO DRIVE A, FL 33462			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
Y1006	plan was available for time, the Maintenance unaware of having a l plan. The findings were act Administrator and ver Director at the time of	n, no security management review. Concurrent at this 2 Director said he was aclitty security management considered by the fifted by the Maintenance document review, staff xit conference on 04/22/19.	Y1006			

6590

	DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES O							
AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BUILDING 2			(X3) DATE SURVEY COMPLETED	
		10G053	B. WING	_		04/	22/2019	
NAME OF PI	ROVIDER OR SUPPLIER			١	STREET ADDRESS, CITY, STATE, ZIP CODE 1285 FLAMINGO DRIVE LANTANA, FL 33462			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD & CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETION DATE	
K 000	An unannounced Fin survey was conducted Mentor, an Intermedia Individuals with Intella Florida in accordance Protection Associatio and applicable requir Marshal's Rules and Administrative Code I A-53, F.A.C. 59 A-26	e & Life Safety recertification d on 4/22/19 at Florida ate Care Facility for actual Disabilities in Lantana, with National Fire (NFPA) 1 and 101 (2012) ements of Florida State Fire	K	000				
	(2012) known as the Code and all NFPA re requirements adopted	iation (NFPA) 1 and 101 Florida Fire Prevention oferenced standards and d per NFPA 101, Chapter 2.						

Facility as surveyed was built or licensed in 1982 and is consistent with Type II (000) construction (no approved building plans were available to verify this information). The facility consists of three buildings containing a resident beds in each for a total of 24 resident beds. Each building has a supervised fire alarm system and a complete automatic fire sprinkler system. All three buildings share 1 emergency generator. The buildings share 1 emergency generator. The buildings is surveyed under the requirements of NFPA 101 (2012) Chapter 19 due to residents incapability of self preservation.

Building # 2.

The following is description of the deficiencies, found at the time of the visit.

K 271 Discharge from Exits

CFR(s): NFPA 101

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Any deficiency statement ending with an asteriak (1) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safequards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whather or not a plan of correction is provided. For unsing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

K 271

PRINTED: 06/11/2019

		ID HUMAN SERVICES					APPROVED
		MEDICAID SERVICES					0. 0938-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION 3 02 - BUILDING 2	(X3) DATE COMP	LETED
			A. BUILD	mic	302 - BOLDING 2		
		10G053	B. WING	B. WING			22/2019
NAME OF PR	ROVIDER OR SUPPLIER		•	Г	STREET ADDRESS, CITY, STATE, ZIP CODE		
FLORIDA	MENTOR				1285 FLAMINGO DRIVE		
		*********		L	LANTANA, FL 33462		,
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIL DEFICIENCY)		(X5) COMPLETION DATE
K 271	Continued From page	1	к	27	71		
	Discharge from Exits						
		nged in accordance with 7.7,					
		ng surface meeting the					
	elevation and shall be	th respect to changes in					
		ally, the exit discharge shall					
		weather travel surface.					
	18.2.7, 19.2.7						
		not met as evidenced by:					
		n and interview, the facility					
	failed to keep exits fre	ee from obstructions shall not be blocked or					
		impede the exiting of					
		gency and result in harm to					
	the occupants from the	e dangers of the					
	emergency situation.						
	The findings included	:					
	On 04/22/19 between	8:00 A.M. and 9:00 A.M.					
		rior of the three buildings,					
		between each building has					
	trees and bushes whi						
		s of all buildings to a point of					
	Maintenance Director	ith the observations, the					
		and said they had people					
	to cut the overgrowth.						
	NFPA 101 (2012) Ch	. 19. Ch. 7					
K 345		esting and Maintenance	к	34	15		
	CFR(s): NFPA 101	•					
		esting and Maintenance tested and maintained in					

accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm

Facility ID: IC25910014

		ID HUMAN SERVICES MEDICAID SERVICES			FOR	ED: 06/11/2019 RM APPROVED IO: 0938-0391	
STATEMENT C	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION ING 02 - BUILDING 2	(X3) DA3	(X3) DATE SURVEY COMPLETED	
		10G053	B. WING			4/22/2019	
NAME OF PE	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1285 FLAMINGO DRIVE			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		SHOULD BE	(XS) COMPLETION DATE	
K 345	and Signaling Code. I acceptance, maintens variable. 9.6.1.3, 9.6.1.5, NFP This STANDARD is r Based on observatio the facility failed to m System. Maintaining to resure sproper opera of a delayed alarm acconditions. The findings included During document revi Director on 04/22/19, failed to provide evide sensitivity inspection, with the Maintenance observations and con per NFPA 101(2012) per NFPA 72 (2010) 1 Electrical Systems - E Receptacles Electrical receptacles from the life safety and distinctive color or me distinctive color or me distance of the safety and distinctive color or me Based on facility tour	Records of system ance and testing are readily A 70, NFPA 72 to tot met as evidenced by: n during document review, aintain the Fire Narm the number of the Narm System than and lessens the chance the total or the Narm System than and lessens the chance the Narm System than and the Narm System than A 115 P.M., the facility since of the biennial An interview was conducted Director concurrent with the firmed the findings. 19.3.4.4, 9.6.1.5 14.4.5.3 Essential Electric System or cover plates supplied did critical branches have a		917			

life safety and critical care outlets and switches. Failure to identify life safety and critical care outlets and switches could delay care to residents

PRINTED: 06/11/2019 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED STA AN

ENTERS FOR MEDICARE & MEDICAID SERVICES						
ATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - BUILDING 2	(X3) DATE SURVEY			
D PLAN OF CORRECTION	IDENTIFICATION NUMBER:		COMPLETED			

10G053 04/22/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

FLORIDA MENTOR			1	1285 FLAMINGO DRIVE LANTANA, FL 33462			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE		
K 917	Continued From page 3 in a public utility power failure. The findings included: During the facility tour with the Maintenance Director on 04/22/19 at 11:15 A.M., it was revealed that the facility failed to identify life safety and critical branch outlets and switch covers with distinctive color or markings. An interview was conducted with the Maintenance Director concurrent with the observations and confirmed the findings. Building # 2. per NFPA 99 (2012) 6.4.2.2.6, 6.5.2.2.4.2, 6.6.2.2.3.2	к	911	7			
					-		

PRINTED: 06/11/2019 FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 02 - BUILDING 2 B MING IC25910014 04/22/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1285 FLAMINGO DRIVE FLORIDA MENTOR LANTANA, FL 33462 (X433F) SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX PREFIX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Y 000 INITIAL COMMENTS Y 000 An unannounced Fire & Life Safety re-licensure survey was conducted on 04/22/19 at Florida Mentor, Lic # 4023096, an Intermediate Care Facility for Individuals with Intellectual Disabilities in Lantana, Florida in accordance with National Fire Protection Association (NFPA) 1 and 101 (2015) and applicable requirements of Florida State Fire Marshal's Rules and Regulations. Florida Administrative Code (F.A.C) 69 A-3, F.A.C. 69 A-53, F.A.C. 59 A-26, and Florida Statutes (F.S.) 400 Part IL, and F.S. 633.0215. adopting National Fire Protection Association (NFPA) 1 and 101 (2015) known as the Florida Fire Prevention Code and all NFPA referenced standards and requirements adopted per NFPA 101, Chapter 2. Facility as surveyed was built or licensed in 1982 and is consistent with Type II (000) construction (no approved building plans were available to verify this information). The facility consists of three buildings containing 8 resident beds in each for a total of 24 resident beds. Each building has a supervised fire alarm system and a complete automatic fire sprinkler system. All three buildings share 1 emergency generator. The buildings are identified as Building 1, 2 and 3. The facility is surveyed under the requirements of NFPA 101 (2015) Chapter 19 due to residents incapability of

self preservation. Building # 2.

Whenever or wherever any device, equipment, LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

The following is description of the deficiencies, found at the time of the visit. Y1003 NEPA 101 Features Maintained

> TITLE (X6) DATE

Y1003

PRINTED: 06/11/2019 FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 02 - BUILDING 2 B MING IC25910014 04/22/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1285 FLAMINGO DRIVE FLORIDA MENTOR LANTANA, FL 33462 (X433F) SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX PREFIX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Y1003 Continued From page 1 V1003 system, condition, arrangement, level of protection, fire resistive construction, or any other feature is required for compliance with the provisions of the Life Safety Code, such device, equipment, system, condition, arrangement, level of protection, fire resistive construction, or other feature shall thereafter be continuously maintained in accordance with applicable NFPA requirements or as directed by the authority having jurisdiction. NFPA 101 (2012) 4.6.12.1 This STANDARD is not met as evidenced by: Based on facility tour and interview with the Maintenance Director, the facility failed to identify life safety and critical care outlets and switches. Failure to identify life safety and critical care outlets and switches could delay care to residents in a public utility power failure. The findings included: During the facility tour with the Maintenance Director on 04/22/19 at 12:15 P.M., it was revealed that the facility failed to identify life safety and critical branch outlets and switch covers with distinctive color or markings. An interview was conducted with the Maintenance Director concurrent with the observations and

AUCA Form 2020 0001

confirmed the findings.

Building # 3.

662232

per NFPA 99 (2015) 6.4.2.2.6. 6.5.2.2.4.2.

YS211 NFPA 101 Means of Egress - General

Means of Escape - General

YS211

Agency f	or Health Care Adminis	tration): 06/11/2019 1 APPROVED
STATEMENT	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: 0	(X3) DATE SURVEY COMPLETED		
		IC25910014	B. WING		04/2	2/2019
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	TE, ZIP CODE		
FLORIDA	MENTOR		AMINGO DRIVE A, FL 33462			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETE DATE
YS211	Continued From page	2	YS211			
	2012 EXISTING					
		escape shall be led clear of obstructions and stant use in the case of fire				
	33.2.2					
	Based on observation failed to keep exits fre Exterior egress paths restricted which could	shall not be blocked or impede the exiting of gency and result in harm to				
	The findings included	:				
	when touring the exte the exit egress paths trees and bushes whi impeding clear egress	s of all buildings to a point of ith the observations, the was aware of the				
	NFPA 101 (2015) Ch	. 19, Ch. 7				

6590

SENTERS FOR MEDICARE & MEDICAID SERVICES OF						
ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 - BUILDING 3	(X3) DATE SURVEY COMPLETED			
	10G053	B. WING	04/22/2019			

		10G053	B. WING _	_		04/22/2019	
NAME OF P	ROVIDER OR SUPPLIER			S'	TREET ADDRESS, CITY, STATE, ZIP CODE		
			- 1	12	285 FLAMINGO DRIVE		
FLORIDA	MENTOR		- 1	٤.	ANTANA, FL 33462		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES * MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATI DEFICIENCY)		(X5) COMPLETION DATE
K 000	INITIAL COMMENTS		К0	00			:
	survey was conducted Mentor, an Intermedia Individuals with Intelle Florida in accordance Protection Association and applicable require Marshaft's Rules and I Administrative Code (A-53, F-A.C. 59 A-26, 400 Part IL, and F.S. Fire Protection Association Associ	ectual Disabilities in Lantana, with National Fire n (NFPA) 1 and 101 (2012) ements of Florida State Fire					
K 271	found at the time of th Discharge from Exits CFR(s): NFPA 101		К2	71			

Any deficiency statement ending with an asterisk (1) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for runsing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable to 4 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

AN

		ID HUMAN SERVICES				FOR	ED: 06/11/2019 RM APPROVED
STATEMENT (S FOR MEDICARE & OF DEFICIENCIES CORRECTION	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		(X3) DAT	OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED	
		10G053	B. WING			04	4/22/2019
NAME OF P	ROVIDER OR SUPPLIER			STRI	EET ADDRESS, CITY, STATE, ZIP CODE		
FLORIDA	MENTOR			1285	FLAMINGO DRIVE		
TEORIDA	MERIOR			LAN	TANA, FL 33462		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
K 271	provides a level walki provisions of 7.1.7 wi elevation and shall be obstructions. Additior be a hard packed all- 18.2.7, 19.2.7 This STANDARD is a Based on observatio failed to keep exils fir Exterior egress paths restricted which could	nged in accordance with 7.7, ng surface meeting the th respect to changes in maintained free of ally, the exit discharge shall weather travel surface. In and interview, the facility are from obstructions. shall not be blocked or impede the exiting of gendy and result in harm to eadingers of the	к	271			
K 345	On 04/22/19 between when fouring the extended the exit egress paths trees and bushes whimpeding clear egressafety. Concurrent w Maintenance Director landscape overgrowth NFPA 101 (2012) Ch Fire Alarm System - 1 CFR(s): NFPA 101	8:00 A.M. and 9:00 A.M. rior of the three buildings, between each building has chare overgrown and so fall buildings to a point of lift the observations, the was aware of the h.	к	345			

accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system

PRINTED: 06/11/2019

		ID HUMAN SERVICES				M APPROVED
		MEDICAID SERVICES	OMB NO.			
	DF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION NG 03 - BUILDING 3	(X3) DATE COMP	SURVEY PLETED
		10G053	B. WING _		04	/22/2019
NAME OF PE	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
FLORIDA	MENTOR			1285 FLAMINGO DRIVE		
				LANTANA, FL 33462		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
K 345	available. 9.6.1.3, 9.6.1.5, NFP/ This STANDARD is r Based on observatio the facility failed to m System. Maintaining t ensures proper opera	ance and testing are readily A 70, NFPA 72 not met as evidenced by: n during document review,	кз	45		
K 353	Director on 04/22/19 : failed to provide evide sensitivity inspection. with the Maintenance observations and con per NFPA 101(2012) per NFPA 72 (2010) 1 Sprinkler System - Mr. CFR(s): NFPA 101 Sprinkler System - Mr. Automatic sprinkler and inspected, tested, and with NFPA 25, Stander Testing, and Maintain	ew with the Maintenance at 1:15 P.M., the facility since of the biennial An interview was conducted Director concurrent with the firmed the findings. 19.3.4.4, 9.6.1.5 4.4.5.3 aintenance and Testing aintenance and Testing distandpipe systems are in maintained in accordance and for the Inspection, ing of Water-based Fire Records of system design, ion and testing are le location and readily	кз	53		

b) Who provided system test

DDINTED: 08/11/2010

DEPARTMENT OF HEALTH AND HUMAN SERVICES					FORM	M APPROVED
CENTERS FOR MEDICARE & MEDICAID SERVICES						0. 0938-0391
			TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDII	NG 03 - BUILDING 3		
		10G053	B. WING _		04	22/2019
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
FLORIDA	MENTOR			1285 FLAMINGO DRIVE LANTANA, FL 33462		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORRECTION	BE	(X5) COMPLETION DATE
K 353	Continued From page c) Water system sup		к	353		
	any non-required or p system. 9.7.5, 9.7.7, 9.7.8, an This STANDARD is r Based on document Maintenance Director maintain required insy fire sprinkler system (not met as evidenced by: review, interview with the				
	A.M., the facility failed repairing the non-fund been written in all the 2018 in buildings 1 ar conducted with the M concurrent with the of the findings.	oservations and confirmed				
K 917	Per NFPA 101 (2012) Electrical Systems - E CFR(s): NFPA 101	19.3.5, 9.7 Essential Electric Syste	K	917		
	Receptacles Electrical receptacles from the life safety an distinctive color or ma 6.4.2.2.6, 6.5.2.2.4.2, This STANDARD is r	or cover plates supplied of critical branches have a strking. 6.6.2.2.3.2 (NFPA 99) onto met as evidenced by: and interview with the				***************************************

Maintenance Director, the facility failed to identify life safety and critical care outlets and switches. Failure to identify life safety and critical care

		ID HUMAN SERVICES MEDICAID SERVICES			FORM	D: 06/11/2019 MAPPROVED D: 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION 13 - BUILDING 3	(X3) DATE COMP	SURVEY PLETED	
		10G053	B. WING		04/	22/2019
NAME OF P	ROVIDER OR SUPPLIER			TREET ADDRESS, CITY, STATE, ZIP CODE		
FLORIDA	MENTOR		1	285 FLAMINGO DRIVE ANTANA, FL 33462		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
K 917	outlets and switches in a public utility power than the findings included During the facility tou Director on 04/22/19 revealed that the facilisafety and critical bracovers with distinctive interview was conductive.	could delay care to residents or failure. : with the Maintenance at 12:15 P.M., it was ity failed to identify life not outlets and switch color or markings. An ted with the Maintenance th the observations and s.	K 917			
K 920	6.6.2.2.3.2 Electrical Equipment CFR(s): NFPA 101 Electrical Equipment Extension Cords Power strips in a patiused for component spatient-care-related e (PCREE) assembles by qualified personne 10.2.3.6. Power stripmay not be used for recetcronics), except in rooms that do not use PCREE meet UL 136	Power Cords and Extens Power Cords and ent care vicinity are only of movable	К 920			

(outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a

PRINTED: 06/11/2019 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STAT

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVE	
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:		COMPLETED	

10G053 B. WING 04/22/2019

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

NAME OF THOUBER ON SUPPLIER			STREE (ABBRESS, STI), STATE, ZII GODE			
FLORIDA MENTOR			1285 FLAMINGO DRIVE LANTANA, FL 33462			
						(X4) ID PREFIX TAG
K 920	Continued From page 5	к	920			
	substitute for fixed wiring of a structure.					
	Extension cords used temporarily are removed					
	immediately upon completion of the purpose for					
	which it was installed and meets the conditions of 10.2.4.					
	10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8					
	(NFPA 70), 590.3(D) (NFPA 70), TIA 12-5					
	This STANDARD is not met as evidenced by:					
	Based on facility tour and interview with the					
	Maintenance Director, the facility failed to prevent					
	the use of power strips, multi-outlet adapters, and extension cords in resident care areas. Electrical					
	fires can start when circuits are overloaded in the					
	walls or attic where it can go undetected, giving					
	the hazard time to spread, placing the facility at					
	risk.					
	The findings included:					
	During the facility tour with the Maintenance					
	Director on 04/22/19 at 12:15 P.M., it was					
	revealed the facility prevented use of multi-outlet					
	adapters and extension cords in resident room 1					
	of building 3. An interview was conducted with					
	the Maintenance Director concurrent with the observations and confirmed the findings.				į	
	observations and continued the initialitys.					
	per NFPA 99 (2012) 10.2.3.6, 10.2.4					
K 921	Electrical Equipment - Testing and Maintenanc CFR(s): NFPA 101	К	921			
	Electrical Equipment - Testing and Maintenance Requirements					
	The physical integrity, resistance, leakage					
	current, and touch current tests for fixed and					
	portable patient-care related electrical equipment					
	(PCREE) is performed as required in 10.3.					
	1 ≥/. *	1			1	

Testing intervals are established with policies and

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CENTERS FOR MEDICARE & I STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X2) MULTIPLE CONSTRUCTION	OMB NO. 0938-039 (X3) DATE SURVEY COMPLETED
	10G053	A. BUILDING 03 - BUILDING 3 B. WING	04/22/2019

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, GITT, STATE, ZIT CODE			
FLORIDA MENTOR			1285 FLAMINGO DRIVE			
		LANTANA, FL 33462				
(X4) D SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREF TAC		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE		
K 921 Continued From page 6 protocols. All PCREE used in patient care rooms is tested in accordance with 10.3.5.4 or 10.3.6 before being put into service and after any repair or modification. Any system consisting of several electrical appliances demonstrates compliance with NFPA 99 as a complete system. Service manuals, instructions, and procedures provided by the manufacturer include information as required by 10.5.3.1.1 and are considered in the development of a program for electrical equipment maintenance. Electrical equipment instructions and maintenance manuals are readily available, and safety labels and condensed operating instructions on the appliance are legible. A record of electrical equipment tests, repairs, and modifications is maintained for a period of time to demonstrate compliance in accordance with the facility's policy. Personnel responsible for the testing, maintenance and use of electrical appliances receive continuous training. 10.3, 10.5.2.1, 10.5.2.1.2, 10.5.2.5, 10.5.3, 10.5.6, 10.5.8 This STANDARD is not met as evidenced by: Based on observation and review of the equipment certification tag and interview with the Maintenance Director, the facility failed to conduct electrical testing of timed and portable medical equipment. Failure to test medical equipment in patient care area could result in electrical shock or possible death to resident and or staff. This could affect residents and staff in the facility. The findings included: During tour with the Maintenance Director on 04/22/19 at 12:15 P.M., it was revealed that based on no certification staffs or paperwork of the section pump. Mainuffer, and nebulizer in	к	921				

PRINTED: 06/11/2019 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPL(ER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 03 - BUILDING 3 10G053 B. WING 04/22/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1285 FLAMINGO DRIVE FLORIDA MENTOR LANTANA, FL 33462 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) K 921 Continued From page 7 K 921 room 1 of building #3, the equipment had not been tested by a qualified person. An interview was conducted with the Maintenance Director concurrent with the observations and confirmed the findings. Per NFPA 99 (2012) 10.3, 10.5.2.1

PRINTED: 06/11/2019 FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 03 - BUILDING 3 B MING IC25910014 04/22/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1285 FLAMINGO DRIVE FLORIDA MENTOR LANTANA, FL 33462 (X433F) SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX PREFIX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Y 000 INITIAL COMMENTS Y 000 An unannounced Fire & Life Safety re-licensure survey was conducted on 04/22/19 at Florida Mentor, Lic # 4023096, an Intermediate Care Facility for Individuals with Intellectual Disabilities in Lantana, Florida in accordance with National Fire Protection Association (NFPA) 1 and 101 (2015) and applicable requirements of Florida State Fire Marshal's Rules and Regulations. Florida Administrative Code (F.A.C) 69 A-3, F.A.C. 69 A-53, F.A.C. 59 A-26, and Florida Statutes (F.S.) 400 Part IL, and F.S. 633.0215. adopting National Fire Protection Association (NFPA) 1 and 101 (2015) known as the Florida Fire Prevention Code and all NFPA referenced standards and requirements adopted per NFPA 101, Chapter 2. Facility as surveyed was built or licensed in 1982 and is consistent with Type II (000) construction (no approved building plans were available to verify this information). The facility consists of three buildings containing 8 resident beds in each for a total of 24 resident beds. Each building has a supervised fire alarm system and a complete automatic fire sprinkler system. All three buildings share 1 emergency generator. The buildings are identified as Building 1, 2 and 3. The facility is surveyed under the requirements of NFPA 101

Building #3.

self preservation.

The following is description of the deficiencies, found at the time of the visit.

(2015) Chapter 19 due to residents incapability of

Y1003 NEPA 101 Features Maintained

Whenever or wherever any device, equipment, LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Y1003

Agency f	or Health Care Adminis	tration			PRINTED: 06/11/2019 FORM APPROVED
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE (CONSTRUCTION	(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: 03		COMPLETED
		IC25910014	B. WING		04/22/2019
NAME OF D	ROVIDER OR SUPPLIER	OTDERT AN	DRESS, CITY, STAT	E ZIR CODE	
WHILE OF F	NOVIDER OR SUFFLIER		MINGO DRIVE	E, ZIP CODE	
FLORIDA	MENTOR		N, FL 33462		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	4D	PROVIDER'S PLAN OF CORRECTION	4 (X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
Y1003	Continued From page	1	Y1003		Acquire and a second
	system, condition, arr protection, fire resistic feature is required for provisions of the Life equipment, system, c of protection, fire resist feature shall thereaffer maintained in accorder requirements or as di having jurisdiction. NFPA 101 (2012) 4.6. This STANDARD is T Based on facility tour Maintenance Director tife safety and critical Failure to identify life	angement, level of re construction, or any other compliance with the Safety Code, such device, ondin, arrangement, level stive construction, or other r be continuously ance with applicable NFPA rected by the authority 12.1 not met as evidenced by: and interview with the the facility falled to identify care outlets and switches, safety and critical care could delay care to residents r failure.			
	Director on 04/22/19 revealed that the facility safety and critical bracovers with distinctive interview was conductive.	ity failed to identify life nch outlets and switch color or markings. An ted with the Maintenance ith the observations and s.			

AHCA Form 3020-0001

Y1005 NFPA 101 General Equipment Testing &

Maintenance

Y1005

Agonguif	or Health Care Adminis	tration				D: 06/11/2019 MAPPROVES
STATEMEN	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION 3 - BUILDING 3	(X3) DATE S COMPL	
		IC25910014	B. WING		04/2	22/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
FLORIDA	MENTOR		AMINGO DRIVE			
	,		A, FL 33462			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
Y1005	Continued From page	2	Y1005			and a second
	construction, or any or periodic testing, inspensure its maintenant inspected, or operate this Code or as direct jurisdiction. NFPA 101 (2012) 4.6. This STANDARD is a Based on observation equipment certification Maintenance Director electrical testing of fix equipment. Failure to patient care area cour or possible death to n could affect residents. The findings included During four with the N dy22/19 at 12:15 P.N based on no certification the suction pump, humoom 1 of building #3, been tested by a qual was conducted with til	protection, fire-resistive ther feature requiring sction, or operation to be shall be tested, dies specified elsewhere in ed by the authority having 12.4. It is a specified elsewhere in ed by the authority having 12.4 and review of the nitag and interview with the nitag and interview with the nitag and interview with the standard elsewhere in the facility failed to conduct ed and portable medical test medical equipment in diresult in electrical shock esident and or staff. This and staff in the facility. It is a special to the facility of the facility is the facility of the facility				

Testing

YL353 NFPA 101 Sprinkler System - Maintenance and

Sprinkler System - Maintenance and Testing

YL353

Agency f	or Hoalth Care Adminis	stration			PRINTED: 06/11/2 FORM APPRO	
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING: 03		(X3) DATE SURVEY COMPLETED	
		IC25910014	B. WING		04/22/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
FLORIDA	MENTOR		AMINGO DRIVE IA, FL 33462			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLE	ETE
YL353	Continued From page	3	YL353			
	2012 EXISTING (Pro	mpt and Slow)				
	Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25. Standard for the Inspection, Testing and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system was last checked					
	b) Who provided sy	stem test			ender betreet betreet bestellt.	
	c) Water system su source	pply			acean-pan-pan-pan-pan-	
	33.3.3.5.1, 9.7.5, 9.7.	7, 9.7.8, NFPA 25			and the same of th	
	Based on document of the Maintenance Dire maintain required ins- fire sprinkler system (not met as evidenced by: review, and interview with lotor, the facility failed to pections of the automatic (AFSS). Failure to maintain e system could lead to an				
	The findings included	:			Management of the Control of the Con	
	A.M., the facility failed repairing of the non-fi	iew on 04/22/19 at 9:00 d to provide evidence of the unctional water gong that I the certifications since				

AHCA Form 3020-0001

the findings.

March of 2018 in buildings 1 and 3. An interview was conducted with the Maintenance Director concurrent with the observations and confirmed

PRINTED: 06/11/2019 FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 03 - BUILDING 3 IC25910014 B. WING 04/22/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1285 FLAMINGO DRIVE FLORIDA MENTOR LANTANA, FL 33462 (X433F) SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX PREFIX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) YL353 Continued From page 4 VI 353 Per NFPA 101 (2015) 19.3.5, 9.7 YS211 NFPA 101 Means of Egress - General YS211 Means of Escape - General 2012 EXISTING Designated means of escape shall be continuously maintained clear of obstructions and impediments to full instant use in the case of fire or emergency. 33.2.2 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to keep exits free from obstructions. Exterior egress paths shall not be blocked or restricted which could impede the exiting of occupants in an emergency and result in harm to the occupants from the dangers of the emergency situation. The findings included: On 04/22/19 between 8:00 A.M. and 9:30 A.M.

when touring the exterior of the three buildings. the exit egress paths between each building has trees and bushes which are overgrown and impeding clear egress of all buildings to a point of safety. Concurrent with the observations, the Maintenance Director was aware of the landscape overgrowth. NFPA 101 (2015) Ch. 19, Ch. 7

PRINTED: 06/11/2019 DEPARTMENT OF HEALTH AND HUMAN SERVICES STA

ENTERS FOR MEDICARE & MEDICARD SERVICES					
TEMENT OF DEFICIENCIES PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING 1	(X3) DATE SURVEY COMPLETED		

10G053 B. WING 04/22/2019

NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
FLORIDA	MENTOR	1	1285 FLAMINGO DRIVE LANTANA, FL 33462			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE		
K 000	INITIAL COMMENTS	K 000				
	An unannounced Fire & Life Safety recertification survey was conducted on 4/22/19 at Florida Mentor, an Intermediate Care Facility for Individuals with Intellectual Disabilities in Lantana, Florda in accordance with National Fire Protection Association (NFPA) 1 and 101 (2012) and applicable requirements of Florida State Fire Marshafs Rules and Regulations, Florida Administrative Code (F.A.C.) 69.A-3, F.A.C. 69.A-36, F.A.C. 69.					
K 271	The following is description of the deficiencies, found at the time of the visit. Discharge from Exits CFR(s): NFPA 101	K 271		***************************************		
				1		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

ANIT

FORM APPROVED

PRINTED: 06/11/2019

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND REAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED. A BUILDING 01 - BUILDING 1 10G053 R MING 04/22/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1285 FLAMINGO DRIVE ELORIDA MENTOR LANTANA, FL 33462 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) K 271 Continued From page 1 K 271 Discharge from Exits Exit discharge is arranged in accordance with 7.7. provides a level walking surface meeting the provisions of 7.1.7 with respect to changes in elevation and shall be maintained free of obstructions. Additionally, the exit discharge shall be a hard packed all-weather travel surface. 1827 1927 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to keep exits free from obstructions. Exterior egress paths shall not be blocked or restricted which could impede the exiting of occupants in an emergency and result in harm to the occupants from the dangers of the emergency situation. The findings included: On 04/22/19 between 8:00 A M, and 9:00 A M. when touring the exterior of the three buildings, it was noted that the exit egress paths between each building has trees and bushes which are overgrown and impeding clear egress of all buildings to a point of safety. Concurrent with the observations, the Maintenance Director was aware of the landscape overgrowth. NFPA 101 (2012) Ch. 19, Ch. 7 K 345 Fire Alarm System - Testing and Maintenance K 345 CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in

accordance with an approved program complying with the requirements of NFPA 70. National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system

PRINTED: 06/11/2019

		ID HUMAN SERVICES				ORM APPROVED NO. 0938-0391
CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES NO PLAN OF CORRECTION (X1) PROVIDERSUPPLIERICLIA IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION NG 01 - BUILDING 1	(X3) E	(X3) DATE SURVEY COMPLETED	
		10G053	B. WING			04/22/2019
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1285 FLAMINGO DRIVE		O-FILL LOTS
FLORIDA	MENTOR			LANTANA, FL 33462		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION	ID PREFI TAG	PROVIDER'S PLAN OF CORR X (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
K 345	available. 9.6.1.3, 9.6.1.5, NFP/ This STANDARD is r Based on observatio the facility failed to m System. Maintaining t ensures proper opera	ance and testing are readily A 70, NFPA 72 not met as evidenced by: n during document review, aintain the Fire Alarm the Fire Alarm System tion and lessens the chance tivation under hazardous	к:	345		
K 353	failed to provide evide sensitivity inspection. with the Maintenance observations and con per NFPA 101(2012) per NFPA 72 (2010) 1 Sprinkler System - M. CFR(s): NFPA 101 Sprinkler System in M. Automatic sprinkler a inspected, tested, and with NFPA 25, Standa Testing, and Maintain	at 1:15 P.M., the facility ence of the blennial An interview was conducted Director concurrent with the firmed the findings. 19.3.4.4, 9.6.1.5 14.4.5.3 aintenance and Testing aintenance and Testing aintenance and Testing nd standpipe systems are in maintained in accordance ard for the Inspection, ing of Water-based Fire Records of system design, ion and testing are e location and readily	ĸ	353		

b) Who provided system test

		ID HUMAN SERVICES			FOR	D: 06/11/2019 M APPROVED
		MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA				O. 0938-0391 E SURVEY
and PLAN OF CORRECTION UMBER:				TIPLE CONSTRUCTION ING 01 - BUILDING 1		PLETED
		10G053	B. WING			1/22/2019
NAME OF PE	ROVIDER OR SUPPLIER	10000	1	STREET ADDRESS, CITY, STATE, ZIP CODE	04	1/22/2019
				1285 FLAMINGO DRIVE		
FLORIDA	MENTOR			LANTANA, FL 33462		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		JLD BE	(X5) COMPLETION DATE
K 353	Continued From page c) Water system sup	pply source	к	353		
	any non-required or p system. 9.7.5, 9.7.7, 9.7.8, an This STANDARD is n Based on document Maintenance Director maintain required ins- fire sprinkler system (not met as evidenced by: review, interview with the				
	A.M., the facility failed repairing the non-fund been written in all the 2018 in buildings 1 ar conducted with the M	iew on 04/22/19 at 9:00 d to provide evidence of ctional water gong that has certifications since March of ad 3. An interview was				
K 917	Per NFPA 101 (2012) Electrical Systems - E CFR(s): NFPA 101	19.3.5, 9.7 Essential Electric Syste	к	917		
	Receptacles Electrical receptacles	Essential Electric System or cover plates supplied d critical branches have a				

6.4.2.2.6, 6.5.2.2.4.2, 6.6.2.2.3.2 (NFPA 99) This STANDARD is not met as evidenced by: Based on facility tour and interview with the Maintenance Director, the facility failed to identify

Facility ID: IC25910014

PRINTED: 06/11/2019 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED 391 STA AN

SENTERS FOR MEDICARE &	MEDICAID SERVICES		OMB NO. 0938-03
ATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - BUILDING 1	(X3) DATE SURVEY
D PLAN OF CORRECTION	IDENTIFICATION NUMBER:		COMPLETED

B. WING 10G053 04/22/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

1285 FLAMINGO DRIVE

PRINTED: 06/11/2019 FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 - BUILDING 1 B MING IC25910014 04/22/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1285 FLAMINGO DRIVE FLORIDA MENTOR LANTANA, FL 33462 (X433F) SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX PREFIX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Y 000 INITIAL COMMENTS Y 000 An unannounced Fire & Life Safety re-licensure survey was conducted on 04/22/19 at Florida Mentor, Lic # 4023096, an Intermediate Care Facility for Individuals with Intellectual Disabilities in Lantana, Florida in accordance with National Fire Protection Association (NFPA) 1 and 101 (2015) and applicable requirements of Florida State Fire Marshal's Rules and Regulations. Florida Administrative Code (F.A.C) 69 A-3, F.A.C. 69 A-53, F.A.C. 59 A-26, and Florida Statutes (F.S.) 400 Part IL, and F.S. 633.0215. adopting National Fire Protection Association (NFPA) 1 and 101 (2015) known as the Florida Fire Prevention Code and all NFPA referenced standards and requirements adopted per NFPA 101, Chapter 2. Facility as surveyed was built or licensed in 1982 and is consistent with Type II (000) construction (no approved building plans were available to verify this information). The facility consists of three buildings containing 8 resident beds in each for a total of 24 resident beds. Each building has a supervised fire alarm system and a complete automatic fire sprinkler system. All three buildings share 1 emergency generator. The buildings are identified as Building 1, 2 and 3. The facility is surveyed under the requirements of NFPA 101 (2015) Chapter 19 due to residents incapability of

The following is description of the deficiencies, found at the time of the visit.

self preservation. Building # 1.

Y1003 NEPA 101 Features Maintained

Whenever or wherever any device, equipment, LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

STATE FORM if continuation sheet 1 of 5 CIVV21

Y1003

Agency f	or Health Care Adminis	tration				D: 06/11/2019 II APPROVED
STATEMENT	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING: 01		(X3) DATE S COMPL	
		IC25910014	B. WING		04/2	22/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE	E, ZIP CODE		
FLORIDA	MENTOR		MINGO DRIVE			
		LANTAN	A, FL 33462			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRICIENCY)	D BE	(X5) COMPLETE DATE
Y1003	Continued From page	1	Y1003			and the same of th
	ieature is required for provisions of the Life equipment, system, c of protection, fire resisted requirements or as distance shall thereafter maintained in accordary for the control of t	ve construction, or any other compliance with the Safety Code, such device, ondition, arrangement, level stive construction, or other in the continuously ance with applicable NFPA rected by the authority. 12.1 not met as evidenced by: and interview with the with the faility failed to identify care outlets and switches, safety and critical care could delay care to residents in failure. with the Maintenance at 12:15 P.M., it was lity failed to identify life noth outlets and switch cool or or markings. An ted with the Maintenance in the outlets and switch cool or or markings. An ted with the Maintenance in the open such as a serior of the outlets and switch cool or or markings. An ted with the Maintenance in the outlets and switch the object of the outlets and switch the delay the outlets and switch the delay the outlets and switch the delay the outlets and switch the Maintenance in the outlets and switch the Maintenance in the outlets and switch the object of the outlets and switch the delay the outlets and switch the object of the outlets and switch the outlets are outlets and switch the outlets and switch the outlets and switch the outlets are outlets are outlets and switch the outlets are outlets and switch the outlets are outle				

6.6.2.2.3.2

Testing

per NFPA 99 (2015) 6.4.2.2.6, 6.5.2.2.4.2,

YL353 NFPA 101 Sprinkler System - Maintenance and

YL353

A	Haalik Cara Adminis	hadia.				: 06/11/2019 APPROVED
	or Health Care Adminis FOR DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SU	JRVEY
	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: 0		COMPLE	
		IC25910014	B. WING		04/2:	2/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	TE. ZIP CODE		
			AMINGO DRIVE			
FLORIDA	MENTOR	LANTAN	A, FL 33462			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID			PROVIDER'S PLAN OF CORRECTIO	V	(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		COMPLETE DATE
YL353	Continued From page	2	YL353			
	Sprinkler System - Ma	aintenance and Testing				
	2012 EXISTING (Pro	mpt and Slow)				
	inspected, tested, and with NFPA 25, Standar Testing and Maintaini Protection Systems, maintenance, inspect maintained in a secur available.	ng of Water-based Fire Records of system design, ion and testing are e location and readily stem was last checked			одни в верене в пределения в верене в	
	c) Water system su source	pply				
	33.3.3.5.1, 9.7.5, 9.7.	7, 9.7.8, NFPA 25				
	Based on document r Maintenance Director maintain required inst fire sprinkler system (not met as evidenced by: eview and interview with the the facility failed to bections of the automatic AFSS). Failure to maintain e system could lead to an			нализання выпання выпан	
	The findings included	:				
	During document revi	ew on 04/22/19 at 9:00			live in	

conducted with the Maintenance Director AHCA Form 3020-0001

A.M., the facility failed to provide evidence of the repairing the non-functional water gong that has been written in all the certifications since March of 2018 in buildings 1 and 3. An interview was

STATE FORM CIVV21 If continuation sheet 3 of 5

PRINTED: 06/11/2019 FORM APPROVED Agency for Health Care Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 - BUILDING 1 IC25910014 B. WING 04/22/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1285 FLAMINGO DRIVE FLORIDA MENTOR LANTANA, FL 33462 (X433F) SUMMARY STATEMENT OF DEFICIENCIES 1D PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFEX PREFIX DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) YL353 | Continued From page 3 VI 353 concurrent with the observations and confirmed the findings. Per NFPA 101 (2015) 19.3.5, 9.7 YS211 NFPA 101 Means of Egress - General YS211 Means of Escape - General 2012 EXISTING Designated means of escape shall be continuously maintained clear of obstructions and impediments to full instant use in the case of fire or emergency. 33.2.2 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to keep exits free from obstructions. Exterior egress paths shall not be blocked or restricted which could impede the exiting of occupants in an emergency and result in harm to the occupants from the dangers of the emergency situation.

when touring the exterior of the three buildings. the exit egress paths between each building has trees and bushes which are overgrown and impeding clear egress of all buildings to a point of safety. Concurrent with the observations, the Maintenance Director was aware of the landscape overgrowth.

On 04/22/19 between 8:00 A.M. and 9:30 A.M.

NFPA 101 (2015) Ch. 19, Ch. 7

The findings included:

Agency fo	or Health Care Adminis	tration				: 06/11/2019 APPROVED
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE O A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
		IC25910014	B. WING		04/2	2/2019
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	E, ZIP CODE		
FLORIDA	MENTOR		MINGO DRIVE A, FL 33462			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE DATE
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AHCA Form 3020-0001

PRINTED: 06/11/2019

		ID HUMAN SERVICES MEDICAID SERVICES					APPROVED 0. 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/O		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	(X2) MULTIPLE CONSTRUCTION A. BUILDING			SURVEY PLETED
		10G053	B. WING			04/	22/2019
NAME OF PE	ROVIDER OR SUPPLIER	•	•	1	STREET ADDRESS, CITY, STATE, ZIP CODE		
FLORIDA	MENTOR			1	1285 FLAMINGO DRIVE LANTANA, FL 33462		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL PR			ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CO. TAG CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETION DATE
E 000	Initial Comments		E	000			
	Florida Mentor-Lantar Care Facility for the E Emergency Prepared review. Florida Mentor-Lantar Emergency Prepared Facilities for the Deve of Federal Regulation Requirements for Inte	conducted on 04/22/19 at na, Florida, an Intermediate bevelopmentally Disabled, ness was requested for na, is not in compliance with ness per Intermediate Care alopmentally Disablet: code is (CFR), 42 Part 483.475, irrinediate Care Facility for					
E 004	found at the time of the	ription of the deficiencies,	E	004			
	Federal, State and loo preparedness require develop establish and	ments. The [facility] must d maintain a comprehensive ness program that meets the					
	with all applicable Fer emergency prepared	32.15 and CAHs at ospital or CAH] must comply deral, State, and local ness requirements. The					

The emergency preparedness program must include, but not be limited to, the following LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

comprehensive emergency preparedness program that meets the requirements of this section, utilizing an all-hazards approach.

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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CENTERS FOR MEDICARE & MEDICAID SERVICES						
FATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED			
	10G053	B. WING	04/22/2019			
HAVE OF PROVIDED OR CURRUIED		CERTET ADOPTED OUT CEATE TO CODE				

STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER

FLORIDA MENTOR			1285 FLAMINGO DRIVE LANTANA, FL 33462		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG			
E 004	Continued From page 1 elements:] (a) Emergency Plan. The [facility] must develop and maintain an emergency preparedness plan that must be [reviewed], and updated at least annually. *[For ESRD Facilities at §494.62(a):] Emergency Plan. The ESRD facility must develop and maintain an emergency preparedness plan that must be [varluated], and updated at least annually. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to provide the annual review and update of their Emergency Preparedness Program (EP). Annual review and updating of the program is required to address the changing environments of the community, the facility and the facility population.	EC	004		
E 006	The findings included: On 04/22/19 at 2:15 P.M. while reviewing the facility's EP with the Administrator, no evidence of annual updates and review by the facility administration was found. Concurrent with the review, the Administrator sad that their plan had been implemented by the corporate office. The EP was required to be implemented by 117/61/6 in order to have annual updates and review completed by 117/61/7. Plan Based on All Hazards Risk Assessment CFR(s): 483.476(a)(1)-(2) [(a) Emergency Plan. The [facility] must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually. The plan must do the following:]	ΕC	006		

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DEPARTMENT OF HEALTH AND HUMAN SERVICES							
CENTERS FOR MEDICARE & MEDICAID SERVICES							
ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED				
			I				

10G053 B. WING 04/22/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

1285 FLAMINGO DRIVE ELORIDA MENTOR LANTANA, FL 33462 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE

DEFICIENCY) E 006 Continued From page 2 F 006

assessment, utilizing an all-hazards approach.* *[For LTC facilities at §483.73(a)(1):] (1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an

(1) Be based on and include a documented, facility-based and community-based risk

all-hazards approach, including missing residents. *[For ICF/IIDs at §483.475(a)(1):] (1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach, including missing clients.

(2) Include strategies for addressing emergency events identified by the risk assessment. * [For Hospices at §418.113(a)(2):] (2) Include

strategies for addressing emergency events identified by the risk assessment, including the management of the consequences of power failures, natural disasters, and other emergencies that would affect the hospice's ability to provide care.

This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to document and identify thru a risk assessment an all hazards approach in their Emergency Preparedness Program (EP). This in the event of a disaster or other emergency would leave the facility and its occupants vulnerable to the hazards of the event.

The findings included:

On 04/22/19 at 2:30 P.M. while reviewing the facility's EP, the hazards identified in the plan were not specific to the location in Lantana

AN

PRINTED: 06/11/2019 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

OMB NO. 0938-0391 (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING

10G053 R MING 04/22/2019

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

1285 FLAMINGO DRIVE ELORIDA MENTOR LANTANA, FL 33462 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY E 006 Continued From page 3 F 006 Florida. Concurrent with the record review and during the exit conference, the Administrator said that their plan would need to be updated to meet the new Federal requirements including an all hazards approach and the addition of potential hazards to their program. E 007 EP Program Patient Population F 007 CFR(s): 483.475(a)(3) (a) Emergency Plan. The [facility] must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually. The plan must do the following: (3) Address patient/client population, including, but not limited to, persons at-risk; the type of services the [facility] has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.** *Note: f"Persons at risk" does not apply to: ASC. hospice, PACE, HHA, CORF, CMCH, RHC, FQHC, or ESRD facilities.1 This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to provide a succession plan in their Emergency Preparedness Program (EP) that would include the delegations of authority. This in the event of an emergency would leave the facility unable to provide leadership and other roles needed to execute the EP. The findings included: (1) On 04/22/19 at 2:30 P.M. while reviewing the facility EP with the Administrator, an indistinct

succession plan was included in the EP. There

AND REAN OF CORRECTION

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		ID HUMAN SERVICES MEDICAID SERVICES						APPROVED 0. 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILDI		ONSTRUCTION		(X3) DATE SURVEY COMPLETED		
10G053			B. WING				04/	22/2019
NAME OF P	ROVIDER OR SUPPLIER		•	1285	EET ADDRESS, CITY, STATE, ZIP CODE FLAMINGO DRIVE ITANA, FL 33462			
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E 007	indicate the delegation positions. Concurren Administrator said the the chart and their EF authority and success (2) On 04/22/19 at 2: facility EP with the Adprocedure was produresidents. No writter oxygen E cylinders we residents requiring ox Concurrent with the roxygen E cylinders we residents requiring ox Concurrent with the roxygen E cylinders we politicate the concurrent with the roxygen E cylinders we politicate and procedure of EP P CFR(s): 483.475(b) (b) Politica and procedure politicate and procedure politicate and procedure politicate and procedure politicate and procedure assessment at paragand the communication with the section. The politicate is a politicated and updates "Additional Requirem Facilities: "[For PACE at §460.8 procedures. The PACE at §460.8 procedures.	ional chart but it did not not a duhority for all the would have to update to include delegations of sion plans. 30 P.M. while reviewing the ministrator, no policy or cod for prescribed oxygen to formula or average use of as available to sustain the ygen per doctor's orders. swiewing the deministrator, saw available to sustain the ygen per doctor's orders. swiewing the Administrator said to update the chart and their supply plans. olicides and Procedures where the dures. [Facilities] must not emergency preparedness es, based on the emergency graph (a) of this section, risk raph (a)(1) of this section, on plan at paragraph (c) of icies and procedures must be did teast annually. ents for PACE and ESRD		013				

plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, and the communication plan at paragraph (c) of

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEPICENCIES (X1) PROVIDERSUPPLIERCIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY (X3) DATE SURVEY (X4) MULTIPLE CONSTRUCTION (X5) DATE SURVEY (X5) DATE SURVEY (X6) DATE SURVEY (X6) DATE SURVEY (X7) D

ND PLAN OF	IDENTIFICATION NUMBER:		A. BUILDING_	A. BUILDING			
		10G053	B. WING		04	/22/2019	
NAME OF PE	ROVIDER OR SUPPLIER		1	STREET ADDRESS, CITY, STATE, ZIP CODE 285 FLAMINGO DRIVE ANTANA, FL 33462			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
E 013	address managemen emergencies, includir equipment, power, or emergencies; and na threaten the health or staff, or the public. Th	be 5 ies and procedures must t of medical and nonmedical g, but not limited to: Fire; water failure; care-related tural disasters likely to safety of the participants, the policies and procedures t updated at least annually.	E 013				

"IFor ESRD Facilities at \$494.62(b).) Policies and procedures. The dialysis facility must develop and implement emergency preparedness policies and procedures, based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a) (1) of this section, and the communication plan at paragraph (c) of this section. The policies and procedures must be reviewed and updated at least annually. These emergencies include, but are not limited to, fire, equipment or power failures, care-related emergencies, water supply interruption, and natural disasters likely to occur in the facility's geographic area.

This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to provide the annual review and update of their Emergency Preparedness Program (EP). Annual review and updating of the program is required to address the changing environments of the community, the facility and the facility population.

The findings included:

On 04/22/19 at 2:45 P.M. while reviewing the facility's EP, no evidence of annual updates and review of the risk assessment and communication plan policy and procedures was found. The Administrator stated that they needed

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CENTERS FOR MEDICARE & MEDICAID SERVICES							FORM APPROVED OMB NO. 0938-0391	
TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION				(X3) DATE SURVEY		
			A. BUILDING				COMPLETED	
		10G053	B. WING				04/22/2019	
NAME OF P	ROVIDER OR SUPPLIER	•		STRE	ET ADDRESS, CITY, STATE, ZIP CO			
FLORIDA	MENTOR			1285	FLAMINGO DRIVE			
FLORIDA	MENTON			LAN	TANA, FL 33462			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTION REFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)				
E 013	E 013 Continued From page 6 to complete a communications plan and they were working on their annual facility		E-	013				
	administrative review							
E 036	E 036 EP Training and Testing CFR(s): 483.475(d)		E	036				
	based on the emerge paragraph (a) of this : paragraph (a)(1) of the procedures at paragr the communication pi section. The training be reviewed and upd.	an emergency g and desting program that is ncy plan set forth in section, risk assessment at is section, policies and aph (b) of this section, and an at paragraph (c) of this and testing program must sted at least annually.						
	an emergency prepar program that is based forth in paragraph (a) assessment at parag	raph (a)(1) of this section, res at paragraph (b) of this						
	paragraph (c) of this section. The training and testing program must be reviewed and updated at least annually. The ICF/IID must meet the requirements for evacuation drills and training at \$483.470(h).							
	testing, and orientation develop and maintain preparedness training orientation program to	g, testing and patient						

section, risk assessment at paragraph (a)(1) of

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CENTERS FOR MEDICARE & MEDICAID SERVICES CONTROL OF THE SERVICES				
ATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING	(X3) DATE SURVEY COMPLETED	
	10G053	B. WING	04/22/2019	

						04/22/2019
NAME OF PROVIDER OR SUPPLIER					STREET ADDRESS, CITY, STATE, ZIP CODE	
					1285 FLAMINGO DRIVE	
FLORIDA MENTOR				١.	LANTANA, FL 33462	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	ı. IX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 036	this section, policies is (b) of this section, an paragraph (c) of this and orientation progrupdated at least ann This STANDARD is 1 Based on record rev failed to provide eme training and testing the event of an emergunprepared putting the coupants of the facilithe emergency. The findings included On 04/22/19 at 2:00 I staff members trainin was provided to show and annual review of Concurrent with the re-	and procedures at paragraph of the communication plan at section. The training, testing am must be reviewed and sally. The section is the section of the training and the section of the s	E	036		